DEPARTMENT OF HEALTH SERVICES

714/744 P STREET P.O. BOX 942732 SACRAMENTO, CA 94234-7320 (916) 657-2941



January 24, 1994

TO: All County Welfare Directors

All County Administrative Officers

Ali County Medi-Cal Program Specialists/Liaisons

All County Pickle Coordinators

Letter No.: 94-09

SSI/SSP PAYMENT STANDARDS CHART CORRECTION, DECEMBER 21, 1993

REF.: All County Welfare Directors Letter (ACWDL) No. 93-85

The Department of Social Services has corrected the SSI/SSP Payment Standards Chart which the Department of Health Services distributed in ACWDL No. 93-85 as "Corrected--11/30/93". Please change your SSI/SSP Payment Standards Chart for January 1, 1994 as follows:

- 1. The "Total" for "Aged or Disabled" couple in "Household of Another" was \$919.16; however, it should be \$919.82.
- 2. The "Total" for "Blind" couple in "Household of Another" was \$1,106.95; however, it should be \$1,106.61.
- 3. The "Total" for Blind/Aged or Disabled" couple in "Household of Another" was \$1036.90; however, it should be \$1,036.56.

A copy of the SSI/SSP Payment Standards Chart is included in this letter.

If you have any questions, please contact Ms. Sylvia Finberg of my staff at (916) 657-0080.

Sincerely,

ORIGINAL SIGNED BY

Frank S, Martucci, Chief Medi-Cal Eligibility Branch

Enclosure

PICKLE HANDBOOK

SSI/SSP SECTION 16--PAYMENT STANDARDS JANUARY 1 THROUGH DECEMBER 31, 1994

INDIVIDUAL: Aged or Disabled 603.40 446.00 157.40 476.77 297.34 179.43 671.40 4. Blind 670.40 446.00 224.40 543.91 297.34 246.67 Disabled Minor 509.40 446.00 63.40 364.17 297.34 66.83 NMOHC 606.34 297.34 309.00 COUPLE: Both are: Aged or Disabled	Independent Living Arrangment Without Cooking Facilities		Nonmedical Board and Care	
Aged or Disabled 603.40 446.00 157.40 476.77 297.34 179.43 671.40 4. Blind 670.40 446.00 224.40 543.91 297.34 246.57 Disabled Minor 509.40 446.00 63.40 364.17 297.34 66.83 NMOHC 606.34 297.34 309.00 COUPLE: Both are: Aged or Disabled Per couple 1.109.22 669.00 440.22 919.82 446.00 473.16 1.245.22 6 BLIND: Couple—Both are blind — Per couple 1.297.01 669.00 628.01 1.108.81 448.00 660.95 BLIND/AGED OR DISABLED Couple—One is blind, the other is aged or disabled Per couple 1.226.95 669.00 557.95 1.036.56 446.00 590.90 NMOHC Per Couple 1.226.95 669.00 557.95 1.036.56 446.00 590.90 NMOHC Per Couple 1.286.95 669.00 557.95 1.036.56 446.00 590.90 NMOHC NONMEDICAL BOARD AND FEDERAL SER RATE (FRR)	SSI SSP (FBR)	Total	SSI (FBR)	SSP
Blind 670.40 446.00 224.40 543.91 297.34 246.57 Disabled Minor 509.40 446.00 63.40 364.17 297.34 66.83 NMOHC 606.34 297.34 309.00 COUPLE: Both are: Aged or Disabled Per couple 1.109.22 669.00 440.22 919.82 446.00 473.16 1.245.22 6 BLIND: Couple—Both are blind Per couple 1.297.01 669.00 628.01 1.108.61 446.00 660.95 BLIND/AGED Couple—One is blind, the other is aged or disabled Per couple 1.226.95 669.00 557.95 1.036.56 446.00 590.90 NMOHC Per Couple 1.226.95 669.00 557.95 1.036.56 446.00 818.33 Note: NMOHC = Nonmedical out of home care, recipients excluded from reduction. NONMEDICAL BOARD AND FEDERAL SEE RATE (FBR)				
Disabled Minor 509.40 448.00 63.40 364.17 297.34 66.83 NMOHC 606.34 297.34 309.00 COUPLE: Both are: Aged or Disabled Per couple 1.109.22 669.00 440.22 919.82 446.00 473.16 1.245.22 6 BLIND: Couple-Both are blind 7 Per couple 1.297.01 669.00 628.01 1.106.81 446.00 660.95 BLIND/AGED OR DISABLED Couple-One 19 billind, the other is aged or disabled Per couple 1.225.95 669.00 557.95 1.036.56 446.00 590.90 NMOHC Per Couple 1.269.95 669.00 557.95 1.036.58 446.00 818.33 Note: NMOHC = Nonmedical out of home care, reciplents excluded from reduction. NONMEDICAL BOARD AND FEDERAL BEINDONNE RATE (FBR)	146.00 225. 4 0	748.00	446.00	302.00
NMOHC 608.34 297.34 309.00 COUPLE: Both are: Aged or Disabled Per couple 1.109.22 669.00 440.22 919.82 446.00 473.16 1.245.22 6 BLIND: Couple—Both are blind Per couple 1.297.01 669.00 628.01 1.108.61 446.00 660.95 BLIND/AGED OR DISABLED Couple—One is blind, the other is aged or disabled Per couple 1.226.95 669.00 557.95 1.036.56 446.00 590.90 NMOHC Per Couple 1.226.95 669.00 557.95 1.036.56 446.00 818.33 Note: NMOHC = Nonmedical out of home care, recipients excluded from reduction. NONMEDICAL BOARD AND FEDERAL BEI		748.00	446.00	302.00
COUPLE: Both are: Aged or Disabled Per couple		748.00	446.00	302.00
Both are: Aged or Disabled Per couple 1,109.22 669.00 440.22 919.82 446.00 473.16 1.245.22 6 BLIND: Couple—Both are blind Per couple 1,297.01 669.00 628.01 1,108.61 446.00 660.95 BLIND/AGED OR DISABLED Couple—One is blind, the other is aged or disabled Per couple 1,226.95 669.00 557.95 1,036.56 446.00 590.90 NMOHC Per Couple 1,284.33 446.00 818.33 Note: NMOHC = Nonmedical out of home care, recipients excluded from reduction. NONMEDICAL BOARD AND FEDERAL BEI RATE (FBR)				
BLIND: Couple—Both are blind Per couple 1.297.01 669.00 628.01 1.108.61 448.00 660.95 BLIND/AGED OR DISABLED Couple—One is blind, the other is aged or disabled Per couple 1.226.95 669.00 557.95 1.036.86 446.00 590.90 NMOHC Per Couple 1.264.33 446.00 818.33 Note: NMOHC = Nonmedical out of home care, recipients excluded from reduction. NONMEDICAL BOARD AND CARE Minimum Maximum				
Couple—Both are blind Per couple 1,297.01 669.00 628.01 1,108.61 446.00 660.95 BLIND/AGED OR DISABLED Couple—One is blind, the other is aged or disabled Per couple 1,226.95 669.00 557.95 1,036.56 446.00 590.90 NMOHC Per Couple 1,264.33 446.00 818.33 Note: NMOHC = Nonmedical out of home care, recipients excluded from reduction. NONMEDICAL BOARD AND FEDERAL SEI RATE (FBR)	66 9.00 57 6.22	1,477.00	669.00	808.00
BLIND/AGED OR DISABLED Couple—One is blind, the other is aged or disabled Per couple 1,226.95 669.00 557.95 1,036.56 446.00 590.90 NMOHC Per Couple 1,284.33 446.00 818.33 Note: NMOHC = Nonmedical out of home care, recipients excluded from reduction. NONMEDICAL BOARD AND FEDERAL BEI RATE (FBR)		1,477.00	6 69.00	80 8.0 0
Couple—One is blind, the other is aged or disabled Per couple 1,226.95 669.00 557.95 1,036.56 446.00 590.90 NMOHC Per Couple 1,264.33 446.00 818.33 Note: NMOHC = Nonmedical out of home care, reciplents excluded from reduction. NONMEDICAL BOARD AND CARE Minimum Meximum		1,477.00	003.00	
NMOHC Per Couple 1,264.33 446.00 818.33 Note: NMOHC = Nonmedical out of home care, recipients excluded from reduction. NONMEDICAL BOARD AND FEDERAL 861 CARE Minimum Meximum				
Per Couple 1,264.33 446.00 818.33 Note: NMOHC = Nonmedical out of home care, recipients excluded from reduction. NONMEDICAL BOARD AND FEDERAL SEI CARE Minimum Maximum		1,477.00	669.00	808.00
Note: NMOHC = Nonmedical out of home care, recipients excluded from reduction. NONMEDICAL BOARD AND FEDERAL SE CARE Minimum Maximum				
NONMEDICAL BOARD AND FEDERAL SEI CARE Minimum Maximum				
CARE RATE (FSR) Minimum Meximum				
Minkmum Meximum	ENEFIT			
TOTAL 9/46.00 9/46.00 IRDIFFICANCE				
And American			1446.00	
Board and Room 319.00 319.00 Aged, Blind, Gran and Supervision 275.00 Min. 341.00 Max. Disabled	OT .		V	
Care and Supervision 275.00 Min. 341.00 Max. Disabled Personal and Incidental Needs 154.00 Max. 88.00 Min. COUPLE			\$689.00	
Personal and incidental reasons 154.00 Max. 30.00 Mm. Aged, Blind.	. or			

Endependent leving arrangement for a disabled minor means living in the home of his/her parents. Household of another is used if both the disabled minor and

misther parents live in the nousehold of someone else, i.e., grandparents, etc.